U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name NOAH H JUDAH Laber Organization File Number 056 - 687 P.O. Box, Bidg., Room No., if any Laber Organization File Number 056 - 687 P.O. Box, Bidg., Room No., if any Street 2425 N COURTENAY PARKWAY SUITE 3 B City MERRITT ISLAND State Florida ZIP Code + 4 32953 State Florida ZIP Code + 4 32953 5. Position in labor organization. Business Mgr., Financial Secretary Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). Size Trade Name, if any; Street ZIF Code + 4 ZIF Code +	1. File Number U - 102088	2. Fiscal Year Covered From:
Name NOAH H JUDAH Name LOCAL 2086, ISER Labor Organization File Number 1056-687 P.O. Box, Bidg. Room No., if any Street 12425 N COURTENAY PARKWAY State Florida ZIP Code + 4 32953 State Florida ZIP Code + 4 32953 State Florida ZIP Code + 4 32953 Financial Secretary Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. Name A. Name and address of Employer (including trade name, if any). 7. A Nature of interest, Transaction, or income. NONE Street City Size ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, creed, and complete. (See the section on parallels in the instructions.)	5479	1 / 1 / 2005 Through: 12 / 31 / 2005
Labor Organization File Number 0.56 - 6.87 P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 24.25 N. COURTENAY PARKWAY Street 24.25 N. COURTENAY PARKWAY SUITE 3 B City MERRITT ISLAND City MERRITT ISLAND State Plorida ZiP Code + 4 32.953 State Plorida ZiP Code + 4 32.953 5. Position in labor organization. Business Mgr. / Financial Secretary Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employeer whose employees your organization represents or its actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of interest, Transaction, or income. NONE 7. b. Amount. Street City \$0 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, cyrect, and complete. (See the section on penalties in the instructions.)	Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any Street 2425 N. COURTENAY PARKWAY Street 2425 N. COURTENAY PARKWAY SUITS 3 B City MERRITT ISLAND State Plorida ZiPCode +4 32953 Shate Plorida ZiPCode +4 32953 A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Name Trade Name, if any, P.O. Box, Bidg., Room No., if any Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, two, cyrect, and complete. (See the section on penalties in the instructions.)	Name NOAH H JUDAH	Name LOCAL 2088, IBEW
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Signed 7 A A On 12/31/2005 321-459-1400	submitted in this report (including the information contained in any accompany	ring documents), has been examined by the signatory and is, to the best of the
Signed M M On 12/31/2005 321-459-1400	~ 1 H / 1	12/21/2005
Date Telephone Number	Signed // A	The second secon

Name of Person Filing NOAH JUDAH	File Number U- 02088	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: [9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. NONE	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$10 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: {	14.a. Nature of payment. NONE	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	